

# REQUIRED DOCUMENTS: CHIROPRACTORS

- Questionnaire for Health Care Professionals.**
  - Please note you must provide an ISRAELI address and cell phone# (can be of friends/family).
- A copy of your Israeli identification card**
  - including the attachment showing your address, if applicable
  - if you don't yet have an Israeli ID, then include a copy of your current valid foreign passport

If you've never worked in Israel (before 04.06.2024) you'll also need to submit:

- Proof of income via accountant/Proof of insurance**
- Final diploma**
  - from a recognized institution, or certification from the institution of completion of studies
  - Must be authenticated by an Israeli notary
  - If your certification is in a language other than English/Hebrew, it must be translated into English/Hebrew as well
- Certification of your observed work period that certifies your observed work period of 6 months**
  - Note that observed work must be between 20-40 weekly hours over minimum 3 days per week in a hospital in Israel where there is a chiropractic clinic or where chiropractic services are provided, or in a hospital where there is an orthopedic clinic with a spine unit.
  - Before beginning supervised work, you must obtain a permit to work under supervision. To obtain the permit, you must fill out an application form and send it to the Medical Professions Licensing Division, Ministry of Health, 39 Yermiyahu Street, P.O. Box 1176, Jerusalem 9101002.

## REQUIRED DOCUMENTS - CONTINUED

- Professional Certificate of Good Standing from the authority authorized to issue this in the state you are licensed.**
  - The certificate states that there are not and were not any disciplinary, negligence or professional ethics complaints against the applicant.
  - **To be sent directly from the medical board of the state in which you are licensed via email to [hagai.zilberman@moh.gov.il](mailto:hagai.zilberman@moh.gov.il) at the Ministry of Health, or via postal service to the Ministry of Health, Licensing Division, C/O Nechama, 39 Yirmiyahu St. P.O.B 1176, Jerusalem 9101002**

If you worked in Israel for up to 5 years you'll also need to submit:

- Final diploma**
  - from a recognized institution, or certification from the institution of completion of studies
  - Must be authenticated by an Israeli notary
  - If your certification is in a language other than English/Hebrew, it must be translated into English/Hebrew as well
- Certification of your observed work period that certifies your observed work period of 6 months**
  - Note that observed work must be between 20-40 weekly hours over minimum 3 days per week in a hospital in Israel where there is a chiropractic clinic or where chiropractic services are provided, or in a hospital where there is an orthopedic clinic with a spine unit.
  - Before beginning supervised work, you must obtain a permit to work under supervision. To obtain the permit, you must fill out an application form and send it to the Medical Professions Licensing Division, Ministry of Health, 39 Yermiyahu Street, P.O. Box 1176, Jerusalem 9101002.
  - Employment confirmation from a hospital or health insurance company in Israel. In the case of private employment, an accountant's certificate of income from chiropractic or a certificate of continuity of professional liability insurance from an insurance company must be presented.
  - For those who have worked in Israel for less than a year - a valid license from abroad

# REQUIRED DOCUMENTS - CONTINUED

- For those who have work more than 5 years (since 04.06.2024) you'll also need to submit\*:**
- Original chiropractic recognition certificate, previously issued by the Ministry of Health.
  - A copy of a diploma or certificate in the chiropractic profession, certified by an Israeli notary (if the certificate is in a language other than Hebrew or English, a translation by certified Israeli translators is required).
  - Employment confirmation from a hospital or health insurance fund in Israel.
  - If you've worked privately, a CPA certificate on chiropractic income or a certificate of continuity of professional liability insurance from an insurance company must be presented.

\* Please note: those who fall into this category must submit documents by 4.6.2025



תאריך: \_\_\_\_\_

לכבוד  
האגף לרישוי מקצועות רפואיים  
ירושלים

חוות דעת מקצועית לקראת קבלת תעודת הכרה במעמד קבועה לעיסוק בכירופרקטיקה

/

א. פרטים אישיים של המועמד:

שם \_\_\_\_\_ טל' בבית: \_\_\_\_\_

מס' ת"ז \_\_\_\_\_ טל' בעבודה: \_\_\_\_\_

כתובת \_\_\_\_\_

מקום העבודה \_\_\_\_\_

תפקיד \_\_\_\_\_

ב. אני החתום מטה מצהיר בזה שהנני מכיר הכרות מקצועית ואישית את ד"ר/מר/גב' \_\_\_\_\_

בתפקידו/ה כ - \_\_\_\_\_

מתאריך \_\_\_\_\_ עד תאריך \_\_\_\_\_

במחלקה/יחידה \_\_\_\_\_

לדעתי, לפי ידיעותיו(ה) המקצועיות, מיומנותיו(ה) התנהגותו(ה), הינו(ה) ראוי(ה) לקבל תעודת מקצוע ב כירופרקטיקה במדינת ישראל.

שם (באותיות קריאות) \_\_\_\_\_

תואר ותפקיד \_\_\_\_\_

מס' רשיון \_\_\_\_\_

מס' תואר מומחה \_\_\_\_\_

מס' תעודת זהות \_\_\_\_\_

כתובת \_\_\_\_\_

בכבוד רב,

חותמת \_\_\_\_\_

חתימה \_\_\_\_\_